



VVFC RETURNS AND TRANSFERS

(FOR ALL VACCINE INVENTORY ADJUSTMENTS)

Date _____ PIN _____
 Contact _____
 Practice _____
 Address _____
 Phone () _____ Fax () _____

Please circle any new information in order for us to update your records.

Non-viable Returns (Include a copy of this form with returned vaccine)

EXPIRED	Vaccine has reached expiration date on vial/box.
SPOILED	Spoiled upon delivery or spoiled at facility (specify one).
DAMAGED	Vaccine damaged during shipment or damaged at facility (specify one).
WASTED	Vaccine is drawn up but not administered.

Viable Vaccine (Overstock)

TRANSFER	Viable vaccine is being transferred to another VVFC facility.
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Vaccine	Doses	Lot Number	Expiration Date	Explanation

If requesting a transfer, please indicate temperatures	→	Refrigerator:	Freezer:
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Name and PIN of facility receiving vaccine transfer:	Date Transferred:
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Please fax or mail the completed form to the Virginia Vaccines For Children office.

DO NOT mail vaccine to the VVFC Office.

NON-VIABLE RETURNS: After reporting non-viable vaccine to the VVFC Office, use a McKesson box to return the unusable vaccine to McKesson by reversing and folding the flaps to reveal the McKesson shipping address. If you do not have a McKesson box, please save a box from your next McKesson shipment. (Always include a copy of this form to serve as a packing slip)

VIABLE TRANSFER: Transfers are processed immediately. The VVFC Office will send names and phone numbers of VVFC facilities in your area for you to contact and arrange a transfer. Once the vaccine is transferred, contact the VVFC Office to provide the following information: **Date of Transfer, Receiving Facility's PIN and Contact Name, Number of Doses, and Lot Numbers of Vaccine Transferred.**

Virginia Vaccines For Children Program
 Division of Immunization, P.O. Box 2448
 109 Governor Street, Room 314 West
 Richmond, Virginia 23218
 Phone (877) 781-VVFC (8832) or (804) 864-8055
 Fax: (804) 864-8090

VDH VIRGINIA
 DEPARTMENT
 OF HEALTH
Protecting You and Your Environment

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